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(Date

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(Signature)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 09/945,471 08/30/2001 Daryle Lee Petersen 11738.00029 3237

TITLE OF INVENTION: METHOD FOR CONVECTION ENHANCED DELIVERY CATHETER TO TREAT BRAIN AND OTHER TUMORS

□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docume recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Medtronic, Inc. Minneapolis, Minnesota Please check the appropriate assignee category or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group en 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies						
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docume recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Medtronic, Inc. Minneapolis, Minnesota Please check the appropriate assignee category or categories (will not be printed on the patent): A check in the amount of the fee(s) is enclosed. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. The Director is hereby authorized by charge the required fee(s), or credit Deposit Account Number 19-0733. (enclose an extra copy of the payment by credit card. Form PTO-2038 is attached. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is	WILLIAMS, CATH	ATHERINE SERKE	3763	604-151000	- 	
(A) NAME OF ASSIGNEE Medtronic, Inc. Minneapolis, Minnesota Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group en deceived. Ab. Payment of Fec(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit Deposit Account Number 19-0733 (enclose an extra copy of deceived and payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Advance Order - # of Copies Deposit Account Number 19-0733 (enclose an extra copy of deceived and payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Deposit Account Number 19-0733 (enclose an extra copy of deceived and payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Deposit Account Number 19-0733 (enclose an extra copy of deceived and payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Deposit Account Number 19-0733 (enclose an extra copy of deceived and payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Deposit Account Number 19-0733 (enclose an extra copy of deceived and payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Deposit Account Number 19-0733 (enclose an extra copy of deceived and payment by credit card. Form PTO-2038 is attached.	hange of corresponder ess form PTO/SB/122 fee Address" indication SB/47; Rev 03-02 or ber is required.	ondence address (or Change of Co 1/122) attached. cation (or "Fee Address" Indicati 2 or more recent) attached. Use of ND RESIDENCE DATA TO BE	on form (2) reg 2 reg 1 ist	the names of up to 3 registered pagents OR, alternatively, the name of a single firm (having istered attorney or agent) and the registered patent attorneys or agents ed, no name will be printed. ATENT (print or type)	as a member a ames of up to If no name is 3	er & Witcoff, Ltd
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Authorized Signature Wallow J. Ollen 51, 393 Date June 17, 2005	orized Signature	Walley J. allo	~ 51,393	Date	June 17, 2005	
Typed or printed name William J. Allen Registration No. 5	l or printed name	WilliamJ. Alle	en ,	Registrat	on No.	51,393

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	Application Number		09/945,471						
P E TRANSMITTAL	Filing Date		August 30, 2001						
FORM	First Named Inventor		Petersen						
JUN 1 7 2008 H	Art Unit		3763						
(to be used with all correspondence after	Examiner Name)	Williams						
Total Name of Pages in This Submiss		Attorney Docket	Number	011738.00029					
ENCLOSURES (check all that apply)									
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By: Rajael Perez

Petersen, U.S. Patent Application No. 09/945,471 for "METHOD FOR CONVECTION ENHANCED DELIVERY CATHETER TO TREAT BRAIN AND OTHER TUMORS"

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